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RESEARCH ARTICLE

Spiritual Care for Cancer Patients in Iran

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Abstract

Background: Studies have shown that a return to spirituality is a major coping response in cancer patients so that therapists can adopt a holistic approach by addressing spirituality in their patient care. The present study was conducted to develop a guideline in the spiritual field for healthcare providers who serve cancer patients in Iran. **Materials and Methods:** Relevant statements were extracted from scientific documents that through study questions were reviewed and modified by a consensus panel. **Results:** The statements were arranged in six areas, including spiritual needs assessment, spiritual care candidates, the main components of spiritual care, spiritual care providers, the settings of spiritual care and the resources and facilities for spiritual care. **Conclusions:** In addition to the development and preparation of these guidelines, health policy-makers should also seek to motivate and train health service providers to offer these services and facilitate their provision and help with widespread implementation.

Keywords: Spirituality - cancer - guidelines - Iran

Asian Pac J Cancer Prev, 17 (9), 4289-4294

Introduction

The prevalence of cancer is anticipated to double by 2020 (Hatamipour et al., 2015). Cancer is a highly stressful factor that invokes almost similar reactions in patients. After learning of their disease, all patients pass through stages involving negative and complex emotions toward God that can cause greater stress; during this critical stage, interventions are only possible through spiritual means (Rashid et al., 2012). In addition, getting diagnosed with cancer dramatically increases the individual's spiritual needs (Aghahosseini et al., 2012) endangers his self-esteem and faith, disrupts his interpersonal relationships due to uncertainty about the future and makes his previous coping mechanisms seem inadequate. Overall, the individual undergoes a spiritual crisis with this diagnosis (Bolhari et al., 2012).

Studies have shown that a return to spirituality is a major coping response in cancer patients; such a return greatly improves their ability to adapt to their life (Delgado et al., 2011; Fallah et al., 2011; Aghahosseini et al., 2012; Candy et al., 2012; Moghimian and Salmani, 2012; Phelps et al., 2012; Rashid et al., 2012; Caplan et al., 2013; Peteet and Balboni, 2013) and to cope with their psychological problems (Musarezaie et al., 2013) and even present conditions and changes their gene

expression (Akbari et al., 2015). Clinicians can adopt a holistic approach by addressing the spirituality in their patient care, thereby sending the important message that they are aware of the patient's beliefs which may affect the therapeutic effect of their interventions (D'Souza, 2007).

The best reason for addressing the spiritual aspects of patient care among Iranian patients may be that most Iranians grow up with spiritual needs (Karimollahi et al., 2009). Spiritual beliefs highly affect the patient's acceptance of therapeutic interventions and even his compliance with and follow-up of the treatment. Gathering the inner power of the patients, including their spiritual powers, is necessary for providing healthcare services, support and comprehensive care (Rahnama et al., 2012).

This article takes spirituality to include the beliefs, experiences and phenomena associated with the transcendental aspect of human existence and involves the views and behaviors that express the sense of belonging to a transcendental dimension or a power beyond oneself (Lepherd, 2015). The faith in God is the foundation of spirituality among Iranians (i.e. monotheism) (Memaryan, 2014). Spiritual care thus includes any care within the context of the individual's beliefs and behaviors (the faith in God and the Divine belief system) and in line with his spiritual needs (Sinclair, 2012; Memaryan, 2014).

The present study was conducted to develop a guideline

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for healthcare providers who serve the cancer community and to respond to questions that arise in relation to spiritual need assessment, spiritual care candidates, the main components of spiritual care, spiritual care providers, the areas of spiritual care and the resources and facilities for spiritual care.

Materials and Methods

The initial phase of this study involved an advanced search for guidelines, protocols and references on spiritual support, service, intervention and care for cancer patients. Investigation was done in national (like Magiran and SID) and international (like pubmed and scopus) databases and guideline internet sites (like NICE, NGC, SIGN and G-I-N). Scientific documents that thorough related to the study questions and objectives were accessed, including four clinical guidelines group Acgw, 2013, Government, 2009, NICE 2004, Ministry H. Natinal Health Guidlines, 2013)and seven scientific documents in the form of special reports or articles (Puchalski et al., 2009; Puchalski, 2010; Delgado et al., 2011; Phelps et al., 2012; Caplan et al., 2013; Nakau et al., 2013; Puchalsk, 2013). Relevant statements were extracted from these references to answer questions on spiritual needs assessment, spiritual care candidates, the main components of spiritual care, spiritual care providers, the settings of spiritual care and the resources and facilities for spiritual care. These statements were reviewed in a multi-disciplinary panel of experts. Table 1 presents the experts' names, expertise, and scientific affiliation. Every single statement was reviewed, modified and voted on in this panel and thus received a final approval by majority vote to reach a consensus.

Results

Overall, the statements were arranged in six areas, including spiritual needs assessment, spiritual care candidates, the main components of spiritual care, spiritual care providers, the settings of spiritual care and the resources and facilities for spiritual care, which were all approved by majority vote after reviews and modifications in the panel of experts. Table 2 presents a summary of the main statements in each area.

Main statement

Cancer patients should have access to a variety of sources of spiritual support in line with their needs.

1). Spiritual needs assessment: Statements

1.1. The first step in providing spiritual care is the assessment of the patients' spiritual needs, which is performed for each patient as part of his routine health assessment.

1.2. Spiritual screening

Spiritual screening or triage is a rapid patient assessment carried out through asking one or two questions for finding out if the patient requires urgent referral for spiritual counseling or not.

The questions include "How is your relationship with God? Do you pray?"

Spiritual screening can be performed by any care

provider serving the patient.

1.3. Spiritual history-taking

Spiritual history can be performed by asking the following questions:

- 1) Who do you rely on in difficult situations and in times of hardship?
- 2) What gives you strength and inner peace in life?
- 3) What gives your life meaning?
- 4) If the faith in God is a principle of spirituality, would you consider yourself a spiritual person?
- 5) For some, the belief in God acts as a source of strength in the ups and downs of life (i.e. God as their companion in times of hardship). Is this true in your case?
- 6) How have your spiritual beliefs affected (or how will they affect) your state of mind in the course of this disease?
- 7) What role do you ascribe to your spiritual beliefs in the battle for regaining your health?
- 8) Which religious acts often make you feel better and bring you peace? (For instance, saying prayers, chanting, reading the Holy Books and attending religious events or rituals).
- 9) Is any part of medical care in conflict with your beliefs and prohibited, forbidden or abominable in your view and do you think that it should be revised?
- 10) According to your beliefs, does our therapist-patient relationship require to abide by any special rules I should know about?
- 11) Are our therapy methods compatible with your beliefs? (Have they caused you any problems?)
- 12) Is there anything you would like to discuss with regard to religious issues and your treatment?
- 13) Are there any particular conditions or issues I should beware of in pursuing your treatment? (For instance, dietary limitations, use of blood products, keeping the veil (i.e. the hijab) in certain situations and preferring male or female therapists or nurses).
- 14) Do you need me or my colleagues to observe your beliefs over the course of our treatment of you?
- 15) To maintain your spiritual peace, what facilities, resources and tools do you want me to provide for you as your therapist? (For example, the Holy book, purified sand, a place of worship and teaching the recitation of prayers and chanting).
- 16) Do you need to be referred to an expert in spiritual matters for further assistance?
 - The patient's history is taken by the medical team and requires training just as does spiritual screening.
 - A spiritual history should be taken from all the patients and they should then be referred to the best possible spiritual care provider based on their responses and the therapist's opinion.
 - Any necessary information should be recorded in the patient's history form for his diagnosis and treatment (while ensuring its confidentiality and with respect to ethical considerations). The disease progress report should also note the treatment results and the services provided.
 - Taking the spiritual history follows the same principles as taking a medical history; that is, the therapist decides to take a full or brief history based on the patient's conditions. Spiritual therapists also decide whether to ask

some or all of the questions in their spiritual history-taking. What matters is to not neglect this important existential aspect of the patients.

- The therapist should not get involved in verifying the truth of the patient's beliefs and should try to develop a deeper understanding of the factors that have an often major role in patient care and should ensure the patient that they will maintain the confidentiality of his statements and beliefs.

2.) Spiritual care candidates: Statements

2.1. Evidence suggests that spirituality and religion affect the quality of life and health in all cancer patients. Cancer patients at any stage of the disease can thus benefit from these services in addition to other therapy methods such as chemotherapy and radiotherapy.

2.2. In some stages of the disease, providing spiritual

services is more important, including:

- At the time of diagnosis
- With the appearance of new symptoms
- When the side-effects of therapy become

annoying

- When seeking to come to terms with the changes in life and to become empowered despite the emotional and social consequences of the disease

- When the relationship with key figures in the patient's personal life changes

- At end-of-life stages of the disease.

2.3. In advanced stages of the disease, combining spiritual services with routine medical care is essential for cancer patients.

2.4. Providing spiritual services is only prohibited when the patient consciously refuses them.

Table 1. Information of the Consensus Panel Members

Row	Name	Specialization	Affiliation
1	LotfiKashani, F	Psychology	Islamic Azad University, Roudehen Branch, and Center for Cancer Research, ShahidBeheshti University of Medical Sciences
2	Hakim Shooshtari, M	Pediatric Psychiatry	Faculty Member, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences
3	Ansari, N	Clinical Hematology and Oncology	Faculty Member, RasoolAkram Hospital, Iran University of Medical Sciences
4	Saeedi, M.M	Counseling and Religious specialist	Religious Consultant, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences
5	Sharbafchi, M	Psychiatry	Faculty Member, Department of Psychiatry, Isfahan University of Medical Sciences and Entekhab Cancer Control Center
6	Mousavizadeh, S.R	Islamic Ethics	Department of Islamic Studies, Isfahan University of Medical Sciences and Entekhab Cancer Control Center
7	Mirzaee, S.A	Islamic Theology and Philosophy	Spiritual Care Provider, Firoozgar Hospital, Iran University of Medical Sciences
8	Bahmani, B	Counseling	Faculty Member, Counseling Department, University of Social Welfare and Rehabilitation Sciences
9	AdibSereshki, M.M	Clinical Hematology and Oncology	Faculty Member, Firoozgar hospital, Iran University of Medical Sciences
10	Bolhari, J	Psychiatry	Faculty Member, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences
11	Memaryan, N	Community Medicine	Faculty Member, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences
12	GhanbariJolfaei, A	Psychiatry	Faculty Member, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences
13	Ghaempanah, Z	Psychology	Office of Islamic Studies in Mental Health, School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences

Table 2. Main Statement and Areas and Summary of the Statements in Each Area of the Guideline

Area	Summary of the Statements
Spiritual needs assessment	Spiritual assessment is the first step in providing spiritual care services and includes: Spiritual screening Spiritual history-taking
Spiritual care candidates	All cancer patients can benefit from spiritual care services in addition to therapies such as chemotherapy and radiotherapy at any stage of the disease
Main components of spiritual care	The three main components of spiritual care include attention, counseling and intervention in times of crisis
Spiritual care providers	The patient's family and friends (if trained) Health service providers, including nurses and social workers The expert team of spiritual service providers (comprising of doctors, psychologists and religious counsellors (clergies))
Spiritual care settings	Different aspects of spiritual care can be provided in different settings, including specialized hospitals, care homes, nursing homes, private home nursing care or public hospitals
Facilities and resources for providing spiritual care services	Public information notice boards and quiet room and worship space Spiritual care at the dying and after death

3. Main components of spiritual care: Statements

3.1. Attention, counseling and intervention in times of crisis comprise the main three components of spiritual care.

- Attention and counseling overlap, but their difference lies in the fact that attention is a constant duty of care providers while counseling is a higher-level duty that is provided only when the patient demands it.

- The difference between counseling and intervention in times of crisis lies in the fact that, in counseling, the patient decides on the priorities; however, in crisis interventions, the care provider assumes this role.

3.2. Key points in providing effective spiritual care:

- Listening to the patients' experiences and questions

- Maintaining the patients' integrity and respecting their values and identity

- Ensuring the patients that spiritual care is part of a holistic approach toward health and that it will be provided in a compatible form with their beliefs or life philosophy.

3.3. The patients' spiritual problems and needs should be examined for making the right choice of treatment.

3.4. The spiritual needs of the patients and caregivers may change over time in response to the different types of clinical care emerging; they should thus be frequently reassessed and the required care should be provided in line with these changes.

3.5. Since the patient might discuss his needs only once, it is crucial for the needs-assessors' activities to match the dimensions of spiritual care. Some patients experience long-lasting spiritual problems that require ongoing care.

3.6. Spiritual care does not merely facilitate the performance of rituals in line with the patient's beliefs; rather, it attends to all the spiritual needs of the patient.

3.7. Some of the statements for providing proper spiritual care include:

- Accept your own spiritual dimension.
- Do not pretend.
- Prepare the setting and ambience beforehand, so that you can talk individually in a quiet setting.

- Create a sense of security and trust.
- Inspire value and trust in the patient through providing care with respect and dignity and through creating a sense of belonging.

- Spend sufficient time with the patient; (if the care provider appears to hasten his work, the patient may refrain from asking his more in-depth questions).

- Listen and observe carefully and wholeheartedly.
- Listen to the patient enthusiastically.
- Give priority to the patient's goals and wishes.
- Be in harmony with the needs and wishes of the patient and his relatives.

- Be receptive and respond sympathetically.
- Avoid making judgments.
- Do not get angry and blame the patient.
- Provide the right strategy at the right time. What counts is to help the patient find his strengths.

- Do not impose yourself or your values.

- Avoid exaggerating or belittling the problems.

- Encourage the patient to connect with God (provide the right time, place and privacy for prayers and worship).

- Encourage and facilitate the patient's inference of meanings from his experiences, such as his disease.

- Encourage the patient to deepen his faith and have hope in redemption.

- Respect your own professional and personal limitations.

- Always be available to the patient, even if you cannot help him any further, or if the patient refuses your care.

3.8. Cases requiring referral:

- When you can no longer satisfy the spiritual needs of the patient.

- When the patient's spirituality should be reassessed (for instance, when life expectancy suddenly and dramatically drops).

- When the patient fears death and feels guilty and powerless.

- When the patient and/or his caregivers need to perform special rituals.

- When an existential crisis is suspected.

- When you are faced with personal limitations; for instance, "I understand that this is important to you, but I am unable to help"

4.) Spiritual care providers: Statements

4.1. Spiritual services may be provided by the following people:

- The patient's family and friends (if trained)

- The health care providers and personnel, including nurses and social workers

- The specialized spiritual care provider team (comprising of doctors, psychologists and religious counsellors (clergies))

4.2. All the members of the medical team should have knowledge about spiritual care and respond to the patients' questions regarding this care. Nevertheless, the clergies are the main members of the team accepting referrals and performing counseling and interventions in cases of spiritual crisis.

4.3. All the members of the team should form a strong mutual relationship and a network through the documentation of evidence and be aware of each other's activities and provide care as a team.

4.4. It is important for service providers to be trained, assessed and supported to acquire the necessary knowledge and skills.

4.5. It is necessary for religious counselors providing spiritual services in health centers to receive the license approved by the executive committee of spiritual services and issued by the authorities before beginning to provide spiritual care services.

4.6. Of all the health service providers, nurses have the main role in identifying the primary spiritual needs of the patients.

5.) Settings of spiritual care: Statements

5.1. Different aspects of spiritual care can be provided in different settings, including specialized hospitals, care homes, nursing homes, private home nursing care or public hospitals.

5.2. The spiritual care of cancer patients and their caregivers should be an inseparable part of health and medical services in all care settings, and should be carefully assessed and monitored just like the other non-physical aspects of care.

5.3. Spiritual services are essential in specialized hospital departments as part of ongoing care. In outpatient clinics, assessing the patients' spiritual needs and their referral are very important.

5.4. Most health care services are carried out within the community. Spiritual care should therefore also find its right place in non-hospital settings, which is more crucial for patients who do not require as much inpatient care.

6.) Facilities and resources for providing spiritual care: Statements

6.1. Public information notice boards

Spiritual service providers should ensure that all the relevant information, such as the means of access to spiritual care services, is provided to the patients in care centers.

- Information on spiritual care services should be available to the patients and the healthcare personnel through pamphlets, the staff, training sessions and other written means.

6.2. Quiet room and worship space

Service providers should ensure easy access to a quiet dedicated room or area in hospitals and day-care centers

- The room should be decorated so that it can be used by different religious groups or those with no religious faith and so that it can be easily adapted for use by all believer or non-believer groups. A careful consultation is recommended prior to finalizing the room decoration.

- This room should be equipped with any religious item conceivable so that different groups can take advantage of it. The room should also be furnished with any peripheral worship equipment used by different groups; a space should also be dedicated to their storage when not in use.

- The equipment needed in this room includes Holy books, prayer books for different groups, prayer rug or mat, washing facilities, compass; and a system for listening to calming music. Facilitating the growth of easy-growing plants can also be helpful.

- The room's name should signify a place for different beliefs. The room may be called "The connect to God room".

- All health care centers should have at least one dedicated room for worship, meditation and contemplation. Larger hospitals should have more than one room for this purpose.

6.3. The room should facilitate the meeting of spiritual care providers with the patients and their families in an office or interview room.

6.4. Spiritual care providers should have the necessary skills, knowledge and sources of support required for providing this sensitive care. They should thus have access to a proper education setting.

- Their office should be equipped with personal computers and internet connection, useful articles, notes

and books and cellphones and pagers.

6.5. Spiritual care at the dying and after death

- Spiritual care at the dying and after death are essential.

- Spiritual care is not limited to the moments before dying and death itself; rather, the spiritual values of the deceased should be respected through to his burial. Spiritual service providers should ensure easy access to a perhaps off-site room for keeping the deceased until he is buried.

- The staff responsible for providing and maintaining this room should respect the deceased.

Discussion

Previous studies have shown that patients need their doctors to respect their spiritual needs in their treatment of them (McCord, 2004; D'Souza, 2007). This need is not limited to cancer patients (Peteet and Balboni, 2013), but holds true for all patients with chronic diseases, such as patients with MS (Allahbakhshian et al., 2011) type II diabetes (Jafariet al., 2014) cardiovascular diseases (Moeini et al., 2012; Momennasab et al., 2012).

Psychiatric diseases (Ebrahimi et al., 2013) and any other life-threatening diseases (Cheraghi et al., 2005) and those under hemodialysis (Saffari et al., 2013). Clinical guidelines developed for cancer patients recommend that all these patients should have access to spiritual support services, including spiritual care group (NICE, 2004; Government, 2009; Acgw, 2013).

Domestic clinical trials have also demonstrated the efficacy of spiritual interventions in improving health in cancer patients, including studies conducted by (Bolhari et al., 2012; Ghahari et al., 2012; Jafari et al., 2013) These studies have used similar methods and been similarly based on group interventions; however, the efficacy of individual spiritual interventions in health services should also be assessed in Iran.

An applied study has been conducted in Iran to develop clinical guidelines that facilitate providing uniform care (Akbari et al., 2015), a clinical guideline entitled "Spiritual history-taking" was published by the Policy Council of the Ministry of Health as a National Health Guideline (2013) and was sent by the then-Minister of Health to all the teaching hospitals across the country. This guideline contains only a part of spiritual care services that includes the spiritual assessment of the patients; the other parts of these services should be developed for different groups of patients in the form of clinical guidelines presented to therapists.

In addition to the development and preparation of these guidelines, health policy-makers should also seek to motivate and train health service providers to offer these services and facilitate their provision and thus help with the widespread implementation of such guidelines.

Further applied studies are recommended to be conducted on the implementation of these guidelines in different areas of health services, so as to help develop and reinforce the guidelines.

Acknowledgements

This article is part of a research project entitled “developing a clinical guideline for the spiritual care of cancer patients” proposed by the Knowledge Management Unit of Spiritual Health in School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences, supported by the school of medical education, Shaheed Beheshti University of medical sciences. Office of healthcare standards and clinical guidelines of the Ministry of Health and Medical Education.

References

- Aghahosseini SS, Rahmani A, Abdollahzadeh F, et al (2012). The relation between awareness of cancer diagnosis and spiritual health among cancer patients. *J Car Sci*, **1**, 67.
- Akbari ME, Kashani FL, Ahangari G, et al (2015). The effects of spiritual intervention and changes in dopamine receptor gene expression in breast cancer patients. *Breast Cancer*, 1-8.
- Akbari M, Mohammadi G, Vosoogh-Moghaddam A, et al (2015). National health guidelines in I.R of iran, an innovative approach for developing countries. *Iran J Cancer Prev*, **8**, 77-83.
- Allahbakhshian M, Jafarpour M, Parvizi S (2011). Spiritual well-being of patients with multiple sclerosis. *Iranian J Nurs Midwifery Res*, **16**, 202-6.
- Bolhari J, NAZIRI G, Zamanian S (2012). Effectiveness of spiritual group therapy in reducing depression, anxiety, and stress of women with breast cancer. *Sociol Women*, **3**, 85-115.
- Candy B, Jones L, Varagunam M, et al (2012). Spiritual and religious interventions for well-being of adults in the terminal phase of disease. *Cochrane Database Systematic Rev*, **5**, 7544.
- Caplan LS, Sawyer P, Holt C, Allman RM (2013). Religiosity and function among community-dwelling older adult survivors of cancer. *J Relig, Spirituality Aging*, **25**, 311-25.
- Cheraghi MA, Payne S, Salsali M (2005). Spiritual aspects of end-of-life care for Muslim patients: experiences from Iran. *Int J Palliative Nurs*, **11**, 468-74.
- Delgado-Guay MO, Hui D, Parsons HA, Govan K, et al (2011). Spirituality, religiosity, and spiritual pain in advanced cancer patients. *J Pain Symptom Management*, **41**, 986-94.
- D'Souza R (2007). The importance of spirituality in medicine and its application to clinical practice. *Med J Australia*, **186**, 57-9.
- Ebrahimi A, Neshatdoost HT, Mousavi SG, et al (2013). Controlled randomized clinical trial of spirituality integrated psychotherapy, cognitive-behavioral therapy and medication intervention on depressive symptoms and dysfunctional attitudes in patients with dysthymic disorder. *Advanced Biomedical Res*, **2**, 53.
- Fallah R, Golzari M, Dastani M, et al (2011). Integrating spirituality into a group psychotherapy program for women surviving from breast cancer. *Iranian J Cancer Prev*, **4**, 141.
- Ghahari S, Fallah R, Bolhari J, et al (2012). Effectiveness of cognitive-behavioral and spiritual-religious interventions on reducing anxiety and depression of women with breast cancer. *Knowledge Res Applied Psychol*, **13**, 33-40.
- Government TS (2009). spiritual care and chaplaincy. In: Directorate HPaS, editor. The Scottish Government, Edinburgh.
- Group Acgw. (2013). Spiritual care: Nation-wide guideline. Nederland.
- Saffari M, Pakpour AH, Naderi MK, et al (2013). Spiritual coping, religiosity and quality of life: a study on Muslim patients undergoing haemodialysis. *Nephrol*, **18**, 269-75.
- Jafari N, Farajzadegan Z, Zamani A, et al (2013). Spiritual therapy to improve the spiritual well-being of Iranian women with breast cancer: a randomized controlled trial. Evidence-based complementary and alternative medicine: eCAM.353262.
- Jafari N, Farajzadegan Z, Loghmani A, et al (2014). Spiritual well-being and quality of life of Iranian adults with type 2 diabetes. Evidence-based complementary and alternative medicine. eCAM, 619028.
- Hatamipour K, Rassouli M, Yaghmaie F, et al (2015). Spiritual needs of cancer patients: A qualitative study. *Indian J Palliative Care*, **2**, 61.
- Karimollahi M, Rostamnejad M, Abedi H (2009). Spiritual needs of Iranian cancer patients. *European Psychiatry*, **24**, 931.
- Lepherd L (2015). Spirituality: Everyone has it, but what is it? *International J Nurs Practice*, **21**, 566-74.
- McCord G, Gilchrist VJ, Grossman SD, et al (2004). Discussing spirituality with patients: a rational and ethical approach. *Ann Family Med*, **2**, 356-61.
- Ministry H. National Health Guidelines (2013). Tehran, Iran: shahid beheshti university of medical sciences.
- Memaryan N (2014). How to take spiritual history? Tehran: sepidbarg publishing.
- Moeini M, Ghasemi TM, Yousefi H, et al (2012). The effect of spiritual care on spiritual health of patients with cardiac ischemia. *Iranian J Nurs Midwifery Res*, **17**, 195-9.
- Moghimian M, Salmani F (2012). The study of correlation between spiritual well-being and hope in cancer patients referring to seyyedo shohada training-therapy center of isfahan university of medical sciences, 2010, Isfahan. *Qom University Med Sciences J*, **6**.
- Mennasab M, Moattari M, Abbaszade A, et al (2012). Spirituality in survivors of myocardial infarction. *Iranian J Nursing Midwifery Res*, **17**, 343-51.
- Musarezaie A, Moeini M, Taleghani F, et al (2013). spiritual care program affect levels of depression in patients with Leukemia? A randomized clinical trial. *J Educ Health Promot*, **3**, 96-100.
- Nakau M, Imanishi J, Imanishi, et al (2013). Spiritual care of cancer patients by integrated medicine in urban green space: a pilot study. *Explore*, **9**, 87-90.
- NICE N. (2004). Improving supportive and palliative care for adults with cancer In: service C. London E, editor.
- Peteet JR, Balboni MJ (2013). Spirituality and religion in oncology. *CA Cancer J Clin*, **63**, 280-9.
- Phelps AC, Lauderdale KE, Alcorn S, et al (2012). Addressing spirituality within the care of patients at the end of life: perspectives of patients with advanced cancer, oncologists, and oncology nurses. *J Clin Oncol*, **30**, 2538-44.
- Puchalski C, Ferrell B, Virani R, et al (2009). Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *J Palliative Med*, **12**, 885-904.
- Puchalski CM (2010). Formal and informal spiritual assessment. *Asian Pac J Cancer Prev*, **11**, 51-55.
- Puchalski CM (2013). Integrating spirituality into patient care: an essential element of personcentered care. *Polskie Archiwum Medycyny Wewnetrznej*, **123**, 491-7.
- Rahnama M, Khoshknab MF, Maddah SS, Ahmadi F. (2012). Iranian cancer patients' perception of spirituality: a qualitative content analysis study. *BMC Nurs*, **11**, 19.
- Rashid YA, Ghafoor ZA, Masood N, et al (2012). Psychosocial impact of cancer on adult patients. *J Pakistan Med Associat*, **62**, 905-9.
- Sinclair S, Bouchal SR, Chochinov H, et al (2012). Spiritual care: how to do it. *BMJ Supportive Palliative Care*, **2**, 319-27.